

AO435
(Rev. 04/18; WDVA Rev. 11/19)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

FOR COURT USE ONLY

DUE DATE:

TRANSCRIPT ORDER FORM

Please Read Instructions on Page 2.

1. REQUESTOR'S INFORMATION:		NAME Timothy W McAfee	TELEPHONE NUMBER 276-393-0406
DATE OF REQUEST April 9, 2025	EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) tim@mcafee-law.com		
MAILING ADDRESS 408 Wood Avenue		CITY, STATE, ZIP CODE Big Stone Gap, VA 24219	
2. TRANSCRIPT REQUESTED:	NAME OF COURT REPORTER Bragg OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 1:23-cv-3	CASE NAME Hobbs v Kelly et al		JUDGE'S NAME Jones
DATE(S) OF PROCEEDING(S) April 1, 2025	TYPE OF PROCEEDING(S) Direct Examination of R. West		LOCATION OF PROCEEDING USDC, Abingdon, CA
REQUEST IS FOR: (Select one) <input type="checkbox"/> FULL PROCEEDING OR <input checked="" type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)			
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>): Portion of Ronald West's direct examination			
3. SERVICE TURNAROUND CATEGORY REQUESTED: <i>(See Page 2 for descriptions of each service turnaround category.)</i>			
<input type="checkbox"/> Ordinary (30-Day)	<input checked="" type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day			
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE April 9, 2025	SIGNATURE Timothy W. McAfee		

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRCC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders or by clicking [here](#).

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.